

Thomas (J. G.)

REMARKS
ON
CHRONIC DYSENTERY;

WITH THE HISTORY OF A CASE OF FIVE YEARS'
STANDING CURED WITHIN FIVE WEEKS.
BY TOPICAL TREATMENT.

BY

T. GAILLARD THOMAS, M. D.

[REPRINTED FROM THE NEW YORK MEDICAL JOURNAL, JANUARY, 1876.]



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REMARKS

ON

CHRONIC DYSENTERY;

*WITH THE HISTORY OF A CASE OF FIVE YEARS
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BY

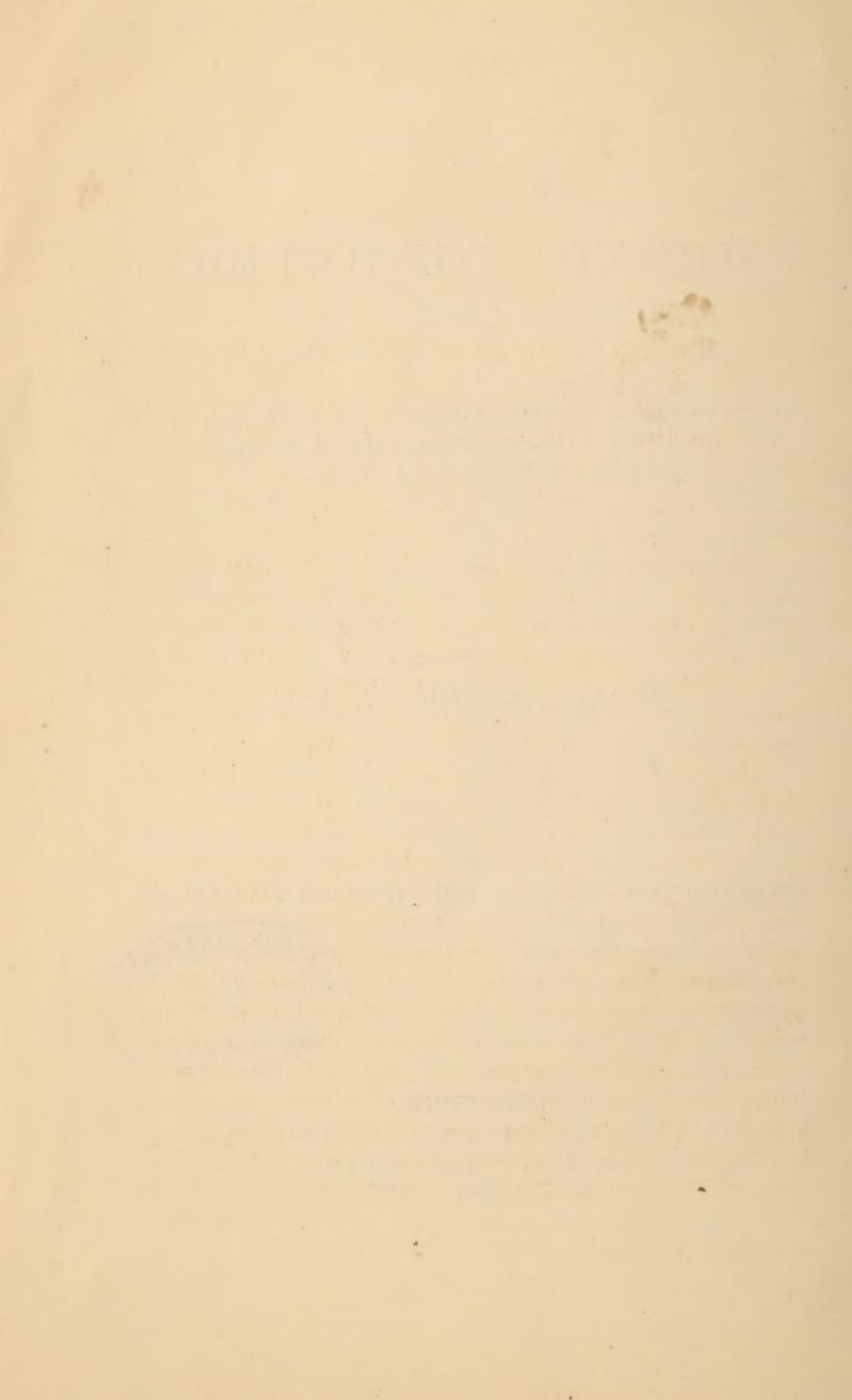
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REMARKS ON CHRONIC DYSENTERY; WITH THE HISTORY OF A CASE OF FIVE YEARS' STAND- ING CURED WITHIN FIVE WEEKS BY TOPICAL TREATMENT.

THERE are few curable diseases which offer a more unfavorable prognosis than chronic dysentery. The dangers which attend the affection in its acute stage are greatly increased in that in which painful, haemorrhagic, and intractable ulcers cover the surface of the rectum and colon, and exhaust the patient by loss of blood, constant pain, frequent evacuations, and the intense nervous depression which attends such cases.

The experienced practitioner will require no citation of authorities to remind him of the determined hold which this disease keeps upon the individual once becoming affected by it ; how it baffles all varieties of medical treatment ; and how for years it pursues its victim, and in spite of change of air and of all his habits of life it goes on to a fatal issue. So remorseless is its course, and withal so uniform, that it justifies this description at the hands of a modern writer : " Chronic dysentery is one of the most intractable and hopeless of diseases. . . . The duration of the disease embraces usually several months and sometimes years. If not destroyed by some intercurrent affection, the patient becomes extremely emaciated, reduced almost to a skeleton, the surface is usually dry, cool, or cold, the pulse becomes more and more feeble ; the mental faculties are weakened, delirium rarely occurring, but the

mind in certain cases falls into an apathetic state, the patient being indifferent to, and taking but little notice of, persons and things around him. Anorexia becomes complete, and vomiting, in some cases, is a prominent symptom; œdema of the lower limbs sometimes occurs; ulceration of the cornea is an occasional event, and I have known the cornea to be perforated, with loss of the humors of both eyes; the mode in which a fatal termination takes place is generally typical of dying by slow asthenia."¹ That this picture is not over-drawn the physicians of this country will testify who have followed out to their terminations the numerous cases which developed in the malarial regions occupied by the soldiers of the United States during the Seminole, the Mexican, and the late Civil wars. Thousands returned, after escaping the dangers of the battle-field, to linger out a painful existence, and to fall victims to chronic dysentery. But the disorder is by no means confined to those who have been exposed to malarious influences; scarcely a village will be found in our land which cannot furnish examples of it.

The following case is related to show the wonderful results which, sometimes at least, follow local treatment in this intractable disease:

On the 16th of September, 1875, I was sent for to see Mrs. X., who brought me a letter from Dr. J. Goodman, of Louisville, Ky., who stated that she had "suffered from chronic dysentery for four or five years," and that during that time she had had "several attacks of acute inflammation of the bowels, in which she was extremely ill."

The history, as given by the patient, was this: On the 9th of December, 1870, at the moment that she received the unexpected tidings of the death of a brother, she was suddenly seized with acute dysentery. This became chronic, and exhausted her by the severe pain, frequent evacuations, and haemorrhages which accompanied it. At short intervals acute attacks would be engrafted upon the chronic state, apparently excited by indiscretions in diet or unusual fatigue, and in some of these her conditions became alarming. In her written statement she says: "I have been ill for five years;

¹ Flint's "Practice."

even when able to sit up and go about the house have had constant dysentery; the smallest number of actions from my bowels being eight, all containing blood, and mucus. It was no rare thing for me to have twenty-seven and more actions from the bowels a day. On these occasions I would lose a large quantity of blood. I lost color, appetite, strength, and spirits, while my nervous system was in a most painful condition. I have been attended by six physicians, and would appear to improve, but soon would drift back to my bad condition. The treatment that gave me more relief than any other (until I came to New York) was some injection used by Dr. Goodman, but I soon grew discouraged, and induced him to discontinue it. I left Louisville, September 12th, in a most desperate condition, Dr. Goodman having sent me to New York."

Upon the arrival of Mrs. X. in New York I saw her with Dr. Lewis A. Sayre, who had previously seen her, and, at his and her request, I took charge of the case. Knowing by reputation the practitioners under whose care she had been for five years, I had little hope of accomplishing any good for her by the ordinary methods of treatment, for I felt fully satisfied that all these had been exhausted. My only hope of curing her lay in a resort to local treatment after the method which I now proceed to describe.

On the 19th of September Dr. H. F. Walker anaesthetized the patient and I proceeded to make a thorough examination of the rectum. After etherization she was placed in the left lateral position, and, after stretching of the sphincter ani by the fingers, a long duck-bill speculum was introduced. This was held by my nurse exactly as in vaginal examinations, while by a depressor I pressed downward the anterior rectal wall. No one who has not examined the rectum in this way can imagine the facility with which the whole canal can be seen. In this instance it was perfectly exposed up to the sigmoid flexure. I now cleansed it of all fecal matters by a long glass tube so bent upon itself at its upper extremity as to throw a stream of water from a Davidson's syringe back toward the anus.

Throughout the whole extent of the intestine exposed to

view the mucous membrane was seen swollen, oedematous, hanging in haemorrhoidal masses and studded with deep ulcers with grayish bottoms. It was greatly engorged, and presented that deep red, almost violet, hue which is seen in the throat in cases of diphtheria.

On this occasion no application was made, and, as the anaesthetic had disturbed the patient's stomach and rendered her nervous, nothing more was done until the 30th of September. Then ether being again administered by Dr. Walker and the bowel thoroughly cleansed, I wrapped a small piece of wet cotton around the end of a whalebone rod, and, dipping it in pure commercial nitric acid, lightly touched the swollen mucous membrane and all the ulcers intervening between the sigmoid flexure and the anus. No superfluous fluid was allowed to attach itself to the cotton and the cauterization was nowhere so decidedly practised as to render the occurrence of sloughing possible.

Upon recovery from the anaesthetic a slight amount of pain only was complained of, and writing of the subsequent effect the patient says: "It soothed me and I slept well. This was the first real respite which I had experienced in five years."

At this time the patient was confined to the milk-diet as much as possible and limited as to exercise; but, as both these plans of treatment had been adopted and had failed before she came under my care, I did not deem it wise to press them too much upon her for fear of disheartening her. This application proved of decided benefit in diminishing the number of evacuations, the amount of blood passed, and the degree of pain experienced.

On the 6th of October another application of nitric acid was made. This proved still more beneficial. The patient in her written history declares, "The second application improved me very decidedly." After it the milk-diet was more strictly adhered to, and exercise was more restricted.

On the 11th of October the third and last application was made. Dr. Walker and myself were then both struck by the great improvement in the appearance of the bowel. The ulcers had almost entirely disappeared; the mucous membrane was much less swollen; and the appearance of engorge-

ment much modified. After this application the milk-diet was strictly adhered to, and the patient for ten days confined to bed. The result of this application surprised me. Blood ceased to pass with the evacuations; these in three days became limited to one in twenty-four hours; all pain ceased; and the patient rapidly improved in general appearance, in flesh, and in spirits. "To-day," she writes, "October 26th, I feel that I am entirely relieved, having now for eight days had only one action in every twenty-four hours. All pain has left me. I am gaining flesh, color, appetite, and spirits, and there is not even a trace of dysentery left."

On the 22d of October Mrs. X. left her bed, began to eat small amounts of animal food and bread, rode out every day, and on the 29th of October returned to her home in Kentucky.

Since her arrival there I have received the following letter from Dr. Goodman:

LOUISVILLE, KY., November 8, 1875.

DR. T. G. THOMAS—

DEAR DOCTOR: Mrs. X. reached home safely, and I am glad to say has been doing well ever since. She has gained flesh, and is looking better than I have seen her for years. Her bowels are perfectly regular. I have every reason to hope, from present appearances, that she is permanently relieved.

Respectfully yours,

J. GOODMAN.

The patient herself, writing on the 7th of November, says: "We arrived safely, and although we had a most fatiguing journey, being out two nights, I stood it wonderfully well. I must tell you how well I continue to be. My bowels are *entirely* cured, though just now I am nervous (from seeing too much company), and have no appetite. The day after I reached home I saw nineteen lady friends, each one of whom remarked upon the great improvement in my appearance. Dr. Goodman declares that I look better than I have done for years."

To me this case presents itself as one of great significance. I cannot look upon the result obtained as an accidental one, and I regard it as a case second in interest to none in my experience. Here we have a case of chronic dysentery of five

years' standing apparently cured by three applications to the ulcerated rectum ; the whole time of treatment being comprised between September 30th and October 29th. Well knowing by abundant experience the nature of the disease of which I speak, even as I write this account I feel inclined to question as to whether I have not unintentionally colored the sketch too highly. The rapidity of the result surprises no one more than myself, but as to the absolute faithfulness of the record here made there is no doubt whatsoever, either in my mind or that of Dr. Walker or Dr. Goodman.

Some may lay great stress upon change of air and strict adherence to the milk-diet. This feeling I cannot share, for I have too often seen these fail in such cases, and they had signally failed in this case when previously tried. There is, I think, no room for doubting that the cure was effected by cauterization of the rectum as above described.

The plan of treatment which I here pursued was not original with myself. It was based upon an article by my friend and former pupil Dr. R. B. Maury, of Memphis, Tenn., published in 1872. In that article several cases were detailed which struck me at the time as being exceedingly important, and suggested to me the course which I have described in this paper. As I cannot lay my hands upon Dr. Maury's essay, I have written to him, and take great pleasure in appending a communication from him upon the subject. In this he explains the theory upon which he believes that cauterization of ulcers within reach aids in the cure of those which are inaccessible.

MEMPHIS, TENN., October 28, 1875.

DR. T. G. THOMAS—

MY DEAR DOCTOR: As I have not a copy of my article on "The Treatment of Chronic Dysentery by Topical Medication," which was published in the December number of the *Atlanta Medical Journal*, 1872, I will comply with your request, as far as I can, by giving you the substance of it from memory.

That article related the histories of eight cases of chronic dysentery, which received no other than topical treatment after they came under my care. Seven of these cases recovered.

The remedy used was nitrate of silver, varying in strength from the solid stick, to that of a solution, one drachm to the ounce of water. It

was applied through Sims's speculum directly to the ulcerated surfaces, after carefully cleansing the rectum.

The first of these cases was treated in 1869. The method was original with me, so far as I then knew, or have learned since.

Struck with the results obtained from this method, I was soon convinced that an important principle was involved in it.

In these cases the rectum is exceedingly irritable, and responds to the slightest impressions. Through reflex action these impressions keep the whole alimentary canal, but especially the colon, in a state of disturbance; and rest, which is so important in the treatment of all inflammations, is thereby rendered impossible.

The local applications not only exercise an alterative influence upon the ulcers, and thus promote their healing, but, by blunting the sensibility of the inflamed rectum, they restore quiet to the entire intestinal tract.

It was suggested that this treatment should be instituted in every case of dysentery which had continued for six weeks or more, and therefore had ceased to be acute.

Since the article was published, I have treated four or five other cases upon this plan, and with the same results.

Very truly your friend,

R. B. MAURY.

In the case of Mrs. X. I preferred using nitric acid to nitrate of silver, for the following reasons: it is a less painful, more effectual, and equally manageable caustic; I have for years used it almost universally by preference; and the pathological condition exposed to view by examination seemed so very grave that I dared not trust to the milder caustic, for fear that the frequent repetition which would be necessary might exhaust the slender stock of patience left to my disheartened and nervous patient.

Of course the idea will at once suggest itself that nitric acid might create subsequent rectal stricture. I had no fear whatever upon this point, for it acts in this way only when applied strongly enough to create sloughing of the superficial tissues and deposit of lymph, the result of inflammatory action in the deeper ones. My use of the caustic was entirely too light for any such result to occur.

Even if this case stood alone, it would seem to point to an important principle in the treatment of a most rebellious class of cases. Supported as it is by the admirable results obtained from the same practice which was here adopted by

Dr. Maury, it deserves still more attention. Since it is extremely unlikely that the plan here recommended will do injury to any case of chronic dysentery, and since no other plan offers any decided prospect of relief, it is my sincere hope that others will test the matter, and publish their results, whether they be favorable or the reverse.

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MRS. KATHARINE S. MACQUOID (author of the famous novel, "Patty") will send from abroad, specially for the JOURNAL, stories and descriptive sketches.

NORA PERRY.—This graceful writer will contribute regularly to our columns.

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